

## ACE INHIBITORS PA SUMMARY

<b>PREFERRED</b>	All generic ACE Inhibitors (except ramipril capsules), Altace capsules, Benazepril, Captopril, Enalapril, Enalaprilat, Fosinopril, Lisinopril, Mavik, Moexipril, Quinapril, and Univasc
<b>NON-PREFERRED</b>	All branded ACE Inhibitors with generics available (except Altace capsules), Aceon, Accupril, Altace tablets, Capoten, Lotensin, Monopril, Prinivil, Ramipril capsules, Univasc, Vasotec, Zestril

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** *Physicians discharging a member from an inpatient facility stable and responding to a non-preferred agent should request prior authorization as part of the patient's discharge planning.*

### PA CRITERIA:

- ❖ Physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least 2 of the preferred products.
- ❖ For Altace tablets or ramipril capsules, physician should submit a written letter of medical necessity stating the reasons the preferred products (Altace capsules or generic ACE inhibitors) are not appropriate for the member.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

### QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.